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**\*BIBDATASHEET\***

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RULE				

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/464,410 06/18/2003 which is a CIP of 10/400,293 03/26/2003 ABN  
and is a CIP of 10/401,283 03/26/2003 ABN  
which claims benefit of 60/450,237 02/25/2003  
and claims benefit of 60/420,383 10/21/2002  
This application 10/689,856  
is a CIP of 10/464,834 06/18/2003  
which is a CIP of 10/400,293 03/26/2003 ABN  
and is a CIP of 10/401,283 03/26/2003 ABN  
which claims benefit of 60/450,237 02/25/2003  
and claims benefit of 60/420,383 10/21/2002  
This application 10/689,856  
is a CIP of 09/885,721 06/20/2001 PAT 7,205,151

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 02/23/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	WA	9	213	21
Verified and Acknowledged	Examiner's Signature	Initials			

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**TITLE**

COMPOSITIONS THAT TREAT OR INHIBIT PATHOLOGICAL CONDITIONS ASSOCIATED WITH  
INFLAMMATORY RESPONSE

<b>FILING FEE RECEIVED</b> 3261	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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